	•		· · Bl	EST	AVAI	LABLE	CO	Y O	9/	853	989
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAU	V. SATATY	OR	OTHER SMALL	
TOTAL CLAIMS		34 :				RAT	E E	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	5.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		3/ minus 20= *		•	14		126	OR	X\$18=		
INDEPENDENT CLAIMS		// minus 3 =		•	8	X 4	20	OR	X80=		
MULTIPLE DEPENDENT CLAIM F			RESENT				-uni	120	1	+270=	
* 16	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	TC-		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2 : CLAIMS AS AMENDED - PART II									Тон	OTHER	THAN
	Ci	(Column 1)	MENDED	(Colu		(Column 3)	SA	Y	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST BER OUSLY FOR	PRESENT EXTRA	F .	DI- !AL ≘E,		RATE	ADDI- TIONAL FEE
	Total	• 4	Minus	' ي ••	34	= 0	1.7.		OR	X\$18=	
	Independent	· 2_	Minus	***	11	= ()	X;	X	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		] ,		OR	+270=	
								(4) <del>1</del>	OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							, and a	704	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT	Ft.	I- AL		RATE	ADDI- TIONAL FEE
	Total	· 6	Minus	**	4	= ()		1	OR	X\$18=	
	Independent	· 、3	Minus	*** 6	2	= 0			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J   /		OR	+270=	
	•				•		en.	The same	OR	TOTAL	
		(Cabuma 4)		(Calu	ımn 2\	(Column 3)	`ADc⊨ \	in the second		ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	IMN 2) HEST IBER IOUSLY FOR	PRESENT EXTRA		:I- AL		RATE	ADDI- TIONAL FEE
OME	Total	•	Minus	** .		=		5	OR	X\$18=	ï
AMEN	Independent	•	Minus	***		=	***	-		X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		]  -		OR		
**	If the entry in colu If the "Highest Nu "If the "Highest Nu	D." A		OR	+270= TOTAL ADDIT: FEE						
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number four box in column 1.											
FORM PTO-875 PAGE: 10, U.S. DEPARTMENT OF COMMERCE (Rev. 8/00) 10, U.S. GPO: 2000-480-706/20103											